



Development Services

Permit Processing 425-452-4898

Application for Electrical

APPLICATION DATE	TECH INITIALS	PLAN REVIEW waived by	PERMIT #
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Job Information

Job Address _____ Suite _____ Floor _____

Parcel # _____ Property Owner _____

Project Name (if applicable) _____

Value of the Work (fair market value of labor & materials) \$ _____ Current Building Permit # _____

Occupancy Type: ☐ Single Family Residential ☐ Multi Family Residential ☐ Non-Residential

Activity Type: ☐ New Structure ☐ Addition to Existing Structure ☐ Alteration to Existing Structure ☐ Repair or Replacement

Electrical Contractor Information

Electrical Contractor _____ Phone (_____) _____

Address _____ City, State, Zip _____

Electrical Contractor's State License # _____

Electrical Contractor's Bellevue Business License # _____ **Required.** Please call the Tax Office at 425-452-6851

Contact Person _____ Phone (_____) _____

Email Address _____ Fax (_____) _____

Additional Electrical Selection Criteria:

To be filled out for non-residential and multifamily residential projects. See **reverse side**.

Description of Electrical Work (indicate number of fixtures) See **reverse side** for plan review requirements.

<input type="checkbox"/> Added or Altered Branch Circuits	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Smoke Control System
<input type="checkbox"/> Air Conditioner	<input type="checkbox"/> Heat Strip	<input type="checkbox"/> Smoke Detectors (Single Family only)
<input type="checkbox"/> Automatic Transfer Switch	<input type="checkbox"/> Heat Trace	<input type="checkbox"/> Smoke or Fire Damper
<input type="checkbox"/> Carnival or Street Fair	<input type="checkbox"/> Hood Fan	<input type="checkbox"/> Solar Photovoltaic System
<input type="checkbox"/> Clothes Dryer	<input type="checkbox"/> HVAC Equipment-Inside	<input type="checkbox"/> Subpanel
<input type="checkbox"/> Clothes Washer	<input type="checkbox"/> HVAC Equipment-Outside	<input type="checkbox"/> Switches
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Industrial Equipment	<input type="checkbox"/> Temporary Service (amps = _____)
<input type="checkbox"/> Egress Lighting	<input type="checkbox"/> Light Fixtures	<input type="checkbox"/> Transformer
<input type="checkbox"/> Elevator	<input type="checkbox"/> Office Furniture	<input type="checkbox"/> Uninterruptable Power Supply
<input type="checkbox"/> Exit Sign	<input type="checkbox"/> Paint Spray Booth	<input type="checkbox"/> Vehicle Charging Station
<input type="checkbox"/> Fan	<input type="checkbox"/> Panel (amps = _____)	<input type="checkbox"/> Water Tank
<input type="checkbox"/> Feeder	<input type="checkbox"/> Pool, Hot Tub, Spa or Sauna-Indoor	<input type="checkbox"/> Welder
<input type="checkbox"/> Fire Pump	<input type="checkbox"/> Pool, Hot Tub, Spa or Sauna-Outdoor	<input type="checkbox"/> Well Pump
<input type="checkbox"/> Fuel Cell	<input type="checkbox"/> Pressurization Fan	<input type="checkbox"/> Wind Driven Generator System
<input type="checkbox"/> Furnace	<input type="checkbox"/> Pump	<input type="checkbox"/> X-Ray Machine
<input type="checkbox"/> Garbage Compactor	<input type="checkbox"/> Range or Oven	<input type="checkbox"/> Other _____
<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Receptacles	_____
<input type="checkbox"/> Gas Pump	<input type="checkbox"/> Resistance Heater	_____
<input type="checkbox"/> Gate	<input type="checkbox"/> Service Change (amps = _____)	_____
<input type="checkbox"/> Generator-Inside	<input type="checkbox"/> Sewage Pump	_____
<input type="checkbox"/> Generator-Outside	<input type="checkbox"/> Sign Circuit	_____
<input type="checkbox"/> Generator-Upgrade or modify	<input type="checkbox"/> Small Kitchen Appliance	_____

Description of Low Voltage Electrical Work (indicate number of fixtures)

<input type="checkbox"/> Cable TV or CCTV	<input type="checkbox"/> Intercom & Communication	<input type="checkbox"/> Speaker Wire
<input type="checkbox"/> Control Wire	<input type="checkbox"/> Landscape Lighting	<input type="checkbox"/> Telecommunications System
<input type="checkbox"/> Energy Management	<input type="checkbox"/> Lighting System	<input type="checkbox"/> T-Stat or HVAC Control
<input type="checkbox"/> Irrigation Control System	<input type="checkbox"/> Security System	

I understand this application will expire if not issued within 365 days. (BCC 23.05.160)

I hereby certify that I am the owner (or owner's authorized agent) of this property or an appropriately licensed contractor (or the firm's authorized agent) and the installation of the work described will be performed in accordance with all applicable laws & codes, including state contractor registration laws. I understand that failure to comply may result in revocation of any permit from this application.

Signature _____ Date _____

Additional Electrical Selection Criteria: (to be filled out for non-residential and multifamily residential projects)

Use Type: ___Assisted Living ___Boarding Home ___Correctional/Detention Facility ___Educational ___Healthcare* ___All Other Cases

***If Healthcare is picked, what is the facility type (check only one)?**

___Acupuncture Clinic	___Group Care	___Outpatient or Ambulatory Surgical Clinic
___Adult Residential Rehab Center	___Hospice Care	___Private Alcoholism Hospital
___Alcoholism Treatment	___Hospital	___Private Psychiatric Hospital
___Ambulatory Surgery	___Maternity Home	___Renal Hemodialysis Clinic
___Birth Center	___Medical Clinic	___Residential Treatment to Psychiatrically Impaired Children
___Chiropractic Clinic	___Not Applicable	
___Dental Clinic	___Nursing or Long Term Care	

Does the work include any of the following?

Adding 100 amps or more to the service or feeder (excluding temporary services not exceeding 400 amps) ___YES ___NO

Installing/altering 2,500 square feet or more ___YES ___NO

Installing/altering a service or feeder rated 100 amps or more (excluding temporary services not exceeding 400 amps) ___YES ___NO

Installing/altering equipment/wiring that operates at 600 volts or more ___YES ___NO

Replacing 60% or more of lighting luminaries ___YES ___NO

Work in a hazardous location - per Article 500 NEC ___YES ___NO

Work on electrical systems operating at or over 600 volts ___YES ___NO

Does the scope of work meet any of the following criteria?

Lighting specific project with less than 60% of the luminaries being replaced and the electrical load is reduced on each feeder involved in the project.
___YES ___NO ___N/A

Modification to an existing electrical installation where **all** of the following conditions are met:

- Service or distribution equipment involved is rated not more than 99 amperes and does not exceed 250 volts;
 - Does not involve emergency systems other than listed unit equipment per NEC 700.12(F);
 - Does not involve branch circuits or feeders of an essential electrical system as defined in NEC 517.2; and
 - Service and feeder load calculations are increased by 5% or less.
- ___YES ___NO ___N/A

Stand-alone utility-fed service that does not exceed 250 volts, 99 amps where the project's distribution system **does not** include:

- Emergency systems other than listed unit equipment per NEC 700.12(F);
 - Critical branch circuits or feeders as defined in NEC 517.2; or
 - A required fire pump system.
- ___YES ___NO ___N/A

Plan Review Requirements for Electrical Applications

When are PLANS required?	<ul style="list-style-type: none">• New non residential building• New multifamily residential projects (3 or more dwelling units per building)• Installations or alterations over 2500 square feet• Existing or new non residential or multifamily residential<ul style="list-style-type: none">◦ Service Alterations◦ Generators◦ Subpanels◦ Transformers◦ Feeders• Increase in load of 100 amps or more• Any installation or alteration in a space with health care, educational and institutional occupancy categories• Photovoltaic Systems and Wind Driven Generator System on non residential, multifamily residential and single family residential properties• Where 60% or more of the lighting luminaries are new	
Copies of the plans and other documents	2 copies of Electrical Plans	
Plan Requirements	See Electrical Plan Review Submittal Guide / Checklist	
Who can answer code or plan review questions?	Bob Johnston (425) 452 – 4574 bajohnston@bellevuewa.gov	Bruce Reynolds (425) 452-4331 breynolds@bellevuewa.gov